



## **Anthem Vision Summary of Benefits**

This Summary Plan Description outlines the vision benefits available to you through the Anthem Vision Plan. This is a summary of your vision benefit. Please review your benefit certificate for plan details. For eligibility definitions please contact your group administrator.

**Anthem Vision Provider Network:** Anthem Vision contracts with many providers which included independent optometrists and ophthalmologists as well as retail locations. Anthem members have access to approximately 10,000 conveniently located providers nationwide. Members may call Anthem Vision toll-free (800) 231-2583 or visit [www.anthem.com](http://www.anthem.com) any time for provider locations. Schedule an appointment with your Anthem provider; identify yourself as an Anthem vision member for fast, paperless determination and confirmation for benefits.

**Network Provider:** Maximum benefits are achieved when members access their benefits from an **Anthem** Participating Vision Provider. Co-payment(s) may apply to in-network benefits.

**Non-Network Vision Provider Reimbursements:** Members may go to a non-participating (non-network) vision provider and pay the provider directly for their examination. Members may then submit an original itemized invoice along with the Member's I.D. number to **Anthem Vision** for reimbursement according to the Non-Par Reimbursement schedule identified in the Summary of Benefits.

**Material:** Anthem Providers agree to Preferred Pricing that is significantly below retail. Members are able to achieve substantial savings on frames, lenses or contact lenses, lens treatments, specialized lenses and various sundry items. Members may save approximately 20% to 40% or more off retail when they visit an **Anthem** Provider.

**Copayment(s):** Copayment amounts are applicable to Network Vision Provider examinations.

<b>Anthem Vision Benefits</b>	<b>Member Benefits from Network Provider</b>	<b>Non-Par Reimbursement</b>
<b>Vision Examination:</b> Each member is entitled to a comprehensive vision examination by and Anthem Vision Provider. This is a vision examination only and does not cover a separate contact lens professional fitting fee.  <b>Availability:</b> Once every 12 months*	Copayment \$20	Up to reimbursement of \$35
<b>Materials:</b> Prescription lenses and frames	Available at Anthem Vision Preferred Prices	Not covered
<b>Contact lenses:</b>	Available at Anthem Vision Preferred Prices	Not covered

\* **Benefits are available from the last date of service.**

### **Limitations and Exclusions:**

This is a primary vision care benefit and is intended to cover only eye examinations. Materials and any items not covered may be purchased at Preferred Pricing from and Anthem Vision Provider. In addition, the examination is only payable while the Group and individual Member coverage is in force.

- Orthoptics or vision training and any supplemental testing.
- Medical or surgical treatment of the eyes.
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any injury or illness covered under Worker's Compensation or similar law, or which is work related.
- Sub-normal vision aids.
- Experimental or non-conventional treatments or devices
- Safety eyewear